Middle East Journal of Applied Science & Technology (MEJAST)
Volume 7, Issue 2, Pages 129-133, April-June 2024

Commentary on the Article: End-of-Life Decisions about Withholding or Withdrawing Therapy: Medical, Ethical, and Religio-Cultural Considerations

Rubab Tariq[1*] & Asifa Jamil[2]

[1]*Nursing Officer, Tertiary Care Hospital Rawalakot, AJK, Pakistan.* [2]*Nursing Officer, Mayo Hospital, Lahore, Pakistan.*
Corresponding Author (Rubab Tariq) Email: rubabtariq103@gmail.com[*]

DOI: https://doi.org/10.46431/MEJAST.2024.7213

Article Received: 02 April 2024 *Article Accepted: 05 June 2024* *Article Published: 15 June 2024*

ABSTRACT

Background: In medical society, there are controversial issues that called withholding and withdrawing life support. Withholding life support is delaying the provision of new or advanced life support therapy without stopping ongoing life support therapy, and withdrawing life support is stopping some or all of the life support therapy given to patients. This decision was not only based on medical aspects but also related to bioethics and medico-legal aspects and presented moral dilemmas for healthcare practitioners. Maria Fidelis C. Manalo's article, "End-of-Life Decisions about Withholding or Withdrawing Therapy: Medical, Ethical, and Religio-Cultural Considerations," provides a comprehensive review of the complex considerations involved in making these decisions.

Purpose: This commentary article aims to critically examine the ethical dimensions of resuscitation decision-making, particularly regarding Do Not Resuscitate (DNR) orders.

Conclusion: The commentary advocates for a patient-centered approach to end-of-life care that integrates medical expertise, ethical principles, and cultural considerations. It emphasizes the necessity of proactive communication and advance care planning to ensure that patient's wishes are understood and respected, thereby mitigating potential ethical conflicts.

Keywords: Ethical; Decision making; Withholding; Withdrawing; Do not resuscitate; End-of-life care; Medical; Religio-cultural; Deontology.

1. Introduction

The article titled “End-of-Life Decisions about Withholding or Withdrawing Therapy: Medical, Ethical, and Religio-Cultural Considerations” by Maria Fidelis C. Manalo, MD, provides a comprehensive review of the complex considerations involved in making end-of-life decisions regarding withholding or withdrawing therapy. The author delves into medical, ethical, and Religio-cultural dimensions of decisions regarding life-sustaining treatments, such as mechanical ventilation and cardiopulmonary resuscitation (CPR).

Manalo 2013 emphasizes the pivotal role of physicians in guiding these decisions, highlighting the need for effective communication, educating patients and families, and shared decision-making involving patients, families, and healthcare providers. From a medical standpoint, the article discusses scenarios where continuing life-sustaining treatments may no longer be beneficial to the patient, such as in cases of irreversible neurological damage or end-stage organ failure (Blackhall, 1987). Ethically, the article addresses the challenge of balancing the principles of beneficence, non-maleficence, autonomy, and justice in end-of-life care. It acknowledges the discomfort many physicians face in discussing death and dying, which can lead to delays in addressing patients' wishes and preferences regarding CPR and DNR (Do Not Resuscitate) orders.

Additionally, the article highlights the importance of incorporating patients' perspectives and beliefs, including their religious beliefs, into end-of-life decision-making processes. The article also emphasizes the influence of cultural and religious beliefs on end-of-life decisions, particularly in relation to euthanasia. The article emphasizes the need for healthcare professionals to be aware of and respect patients' cultural and religious perspectives on end-of-life decisions

The following are the objectives of this commentary:

(i) The objectives of commentary on "End-of-Life Decisions about Withholding or Withdrawing Therapy: Medical, Ethical, and Religio-Cultural Considerations" would likely to be provide insight, analysis, and discussion on the complex issue surrounding end-of-life care.

(ii) To investigate the ethical dimensions of resuscitation decision-making, particularly regarding Do Not Resuscitate (DNR) orders.

(iii) To review and analyze the medical considerations involved in end-of-life decisions.

(iv) To consider the religio-cultural dimensions in end-of-life decision-making.

1.1. Critical Challenge

The focal article presents a nuanced discussion of the ethical considerations surrounding resuscitation decision-making, particularly regarding Do Not Resuscitate (DNR) orders. However, a critical challenge arises concerning the extent to which patient autonomy can be fully realized in the context of resuscitation decisions, especially in situations where patients may not have the capacity to make informed choices.

While the focal article rightly emphasizes the importance of patient autonomy, it may overlook instances where patients lack the capacity to make decisions due to their medical condition or cognitive impairment. In such cases, relying solely on patient preferences may not always be feasible or ethical. Healthcare providers may face ethical dilemmas when determining whether to honor a previously expressed DNR order when the patient's condition has changed, and they are unable to provide consent.

Evans et al. (2013) discuss the complexities surrounding surrogate decision-making in healthcare, including resuscitation decisions, in their article titled "The Surrogate's Experience in Decision Making for Patients with Advanced Cancer". The study explores the perspectives and experiences of surrogate decision-makers for patients with advanced cancer, shedding light on the challenges they face in balancing patient autonomy with the best interests of the patient. The authors found that surrogates often struggle with the responsibility of making decisions on behalf of incapacitated patients, particularly when there is uncertainty about the patient's wishes or when the decisions involve end-of-life care, such as resuscitation preferences. Surrogates, such as family members or legal guardians, may be called upon to make decisions on behalf of incapacitated patients.

Another relevant study by Karches et al. (2019) titled “Patient autonomy and proxy consent in critical care” explores the complexities of decision-making in critical care settings, particularly when patients lack decision-making capacity and surrogates must make healthcare decisions on their behalf.

Karches et al. (2019) discuss the tension between respecting patient autonomy and ensuring beneficence in critical care contexts, such as resuscitation decisions. The study emphasizes the importance of finding a balance between honoring patient preferences, when known, and acting in the patient's best interests when preferences are unclear or when patients lack decision-making capacity. They emphasize the need for clear communication between healthcare providers and surrogates to ensure that decisions align with the patient's values and preferences as much as possible.

Another study by Tilburt et al. (2011) titled “Incorporating Patients' Values into Evidence-Based Medicine Decision Making” discusses the importance of integrating patient values and preferences into medical decision-making processes, especially in situations where patients may lack decision-making capacity. Tilburt et al. (2011) argue that evidence-based medicine should not only consider clinical evidence but also incorporate patient values and preferences when making treatment decisions. The authors emphasize the need for healthcare providers to engage patients and their surrogates in discussions about their values and goals of care, particularly in critical situations such as resuscitation decisions.s

1.2. Elaboration and Extension

Building on the focal article's emphasis on patient autonomy, it is essential to recognize the need for a broader framework that considers both individual preferences and broader societal values in resuscitation decision-making. While respecting patient autonomy is crucial, it should be viewed within the context of beneficence and justice. In addition to individual patient preferences, societal values, and resource allocation considerations play a significant role in shaping resuscitation policies and practices.

By extending the argument, we can advocate for a more holistic approach to resuscitation decision-making that takes into account not only the wishes of individual patients but also the broader ethical principles and societal implications.

2. Application of Theoretical Perspective

Analyzing the challenge of patient autonomy in resuscitation decision-making through the theoretical perspectives of virtue ethics, deontology, and utilitarianism provides valuable insights into how different ethical frameworks approach this issue.

Virtue ethics: From a virtue ethics perspective, the focus is on cultivating moral character and promoting virtues such as compassion, empathy, and integrity in healthcare decision-making. In the context of resuscitation decisions for incapacitated patients, virtue ethics would emphasize the importance of healthcare providers developing a deep understanding of the patient's values, preferences, and overall quality of life. They should strive to act with compassion and empathy, ensuring that decisions align with what is in the patient's best interests.

Deontology: Deontological ethics emphasizes the importance of adhering to moral principles and duties, regardless of the consequences. In the context of resuscitation decision-making, deontology would prioritize principles such as respect for autonomy, beneficence, and non-maleficence. From a deontological perspective, healthcare providers have a duty to respect patient autonomy and honor their previously expressed preferences, such as DNR orders, whenever possible.

Utilitarianism: Utilitarianism evaluates the morality of actions based on their consequences and seeks to maximize overall happiness or well-being. In the context of resuscitation decision-making, utilitarianism would prioritize the outcome that produces the greatest good for the greatest number of people. From a utilitarian perspective, healthcare providers must weigh the potential benefits and harms of resuscitation interventions for incapacitated patients.

2.1. Reflection on Experiences

Reflecting on personal experiences in healthcare settings, it becomes evident that resuscitation decisions are often fraught with emotional intensity and ethical uncertainty. As a healthcare provider, Authors have encountered situations where patients' wishes regarding resuscitation were not documented clearly, leading to difficult conversations with families and ethical dilemmas regarding the appropriate course of action.

These experiences underscore the importance of proactive communication and advance care planning in facilitating ethical resuscitation decision-making. By engaging in open dialogue with patients and families early on, healthcare providers can ensure that patient's wishes are clearly understood and respected, mitigating potential conflicts and ethical challenges.

2.2. Applicability to Other Settings and Cultures

The issues raised in the focal article are highly relevant across different healthcare settings and cultural contexts. However, it is essential to acknowledge the influence of cultural beliefs, values, and healthcare practices on resuscitation decision-making. In some cultures, for example, there may be cultural taboos or religious beliefs that influence attitudes towards resuscitation and end-of-life care. Healthcare providers must navigate these cultural nuances sensitively and respectfully, recognizing that ethical frameworks may vary across diverse cultural contexts.

3. Conclusion

The author advocates for a patient-centered approach to end-of-life care that integrates medical expertise, ethical principles, and cultural considerations. The article calls for ongoing dialogue, education, and support for patients and families facing difficult decisions about life-sustaining treatments. Future research should evaluate the effectiveness of the following models in improving patient and family satisfaction and ethical outcomes in end-of-life care. First, developing standardized protocols for advance care planning is crucial. These protocols would guide healthcare providers in facilitating early and comprehensive discussions with patients and their families about their preferences for end-of-life care, including DNR orders. Second, enhancing training and support for healthcare providers is essential. Third, integrating cultural competency education into medical curricula is vital. This education should equip healthcare providers to understand and respect diverse cultural and religious perspectives on end-of-life care. Finally, promoting collaborative decision-making models that involve interdisciplinary teams—including physicians, nurses, social workers, ethicists, and chaplains—can provide a more holistic approach to end-of-life care discussions.

Declarations

Source of funding

No funding has been reported.

Conflict of Interest

The authors declare that they have no conflict of interest.

Consent for publication

The authors declare that they consented to the publication of this commentary.

References

Blackhall, L.J. (1987). Must we always use CPR? New England Journal Med., 317(20): 1281–1285. doi. 10.1056/Nejm198711123172009.

Dinata, D.A., Adiputra, R.H., & Mursito, W.H. (2020). Can Doctors Refuse Withholding and Withdrawing Life Support to Critically Ill Patients in Indonesia? Associated with Medical, Bioethic, and Medicolegal Issues. Advances in Economics, Business and Management Research, 121(1): 86–89. doi: 10.2991/aebmr.k.200226.017.

Karches, K.E., Sulmasy, D.P., & Faden, R.R. (2019). Patient autonomy and proxy consent in critical care: Finding the balance. The American Journal of Bioethics, 19(9): 7–17. https://doi.org/10.1080/15265161.2019.1629907.

Manalo, M.F.C. (2013). End-of-Life Decisions about Withholding or Withdrawing Therapy: Medical, Ethical, and Religio-Cultural Considerations. Palliative Care: Research and Treatment, 7: 2–5. doi: 10.4137/Pcrt.S10796.

Sanchini, V., Nardini, C., & Boniolo, G. (2014). The withholding/withdrawing distinction in the end-of-life debate. Multidisciplinary Respiratory Medicine, 9(1): 13. https://doi.org/10.1186/2049-6958-9-13.

Evans, N., Pasman, H.R., Vega Alonso, T., Van den Block, L., Miccinesi, G., Van Casteren, V., et al. (2013). End-of-Life Decisions: A Cross-National Study of Treatment Preference Discussions and Surrogate Decision-Maker Appointments. PLoS One, 8(3): e57965. https://doi.org/10.1371/journal.pone.0057965.

Tilburt, J.C., Wynia, M.K., Sheeler, R.D., Thorsteinsdottir, B., James, K.M., Egginton, J.S., & Goold, S.D. (2011). Incorporating patients' values into evidence-based medicine decision making: The time is now. Journal of General Internal Medicine, 26(2): 143–144. https://doi.org/10.1007/s11606-010-1558-3.